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SOLID WASTE ACCOUNT APPLICATION

I hereby apply for a solid waste account against which gate fees I incur at Mono County disposal sites may be charged:

Applicant Name: _____ Phone: () _____

Mailing Address: _____
City State Zip

Street Address: _____
City State Zip

If applying as a business or public agency, please also complete the following:

Business/Agency: _____ Fax: () _____

Contact Person: _____ Title: _____

I want to restrict the account and authorize charges applied only by the following person(s):

(1) _____ (2) _____ (3) _____
(4) _____ (5) _____ (6) _____
(7) _____ (8) _____ (9) _____

I will most likely use the following disposal site(s): *(please check those that apply)*

☐ Benton ☐ Bridgeport ☐ Paradise ☐ Walker
☐ Benton Crossing ☐ Chalfant ☐ Pumice Valley

I understand that this account is solely for my convenience and that I will be invoiced following each month that charges are incurred. I assume responsibility for any amounts owing on the account. If I've established the account for a business or public agency, I acknowledge that I am authorized to incur debt and enter into contracts on its behalf. I further understand that delinquent payment may result in penalties, interest, and/or account suspension or cancellation. I agree to abide by County policies governing account usage.

Applicant Signature: _____ Date: _____

Please sign and complete the upper portion of this form in full and submit it to Public Works.
A copy of the completed form will be returned to you upon account approval.

-----Space below reserved for Public Works use only-----

SW Acct. No.: _____ Approved by: _____ Date: _____